



VILLAGE OF EAST TROY  
2015 Energy Drive  
East Troy, WI 53120

HVAC Inspections  
call (262) 352-4433  
fax (262) 642-6259

PERMIT NO.
TAX KEY #
Attached with Building Permit #

**HEATING, VENTILATING  
& AIR CONDITIONING  
Permit Application**

PROJECT ADDRESS:
PROJECT DESCRIPTION:
<input type="checkbox"/> Commercial <input type="checkbox"/> One and Two Family

OWNER'S NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
CONTRACTOR NAME	MAILING ADDRESS - INCLUDE CITY & ZIP	TELEPHONE - INCLUDE AREA CODE
ESTIMATED COST	CONTRACTOR REGISTRATION NUMBER	LICENSE NUMBER

SCHEDULE OF PERMIT FEES		Fee
<b>BASE FEE ON ALL NEW BUILDING, ADDITIONS &amp; REMODELS .....</b>		<b>\$45.00</b>
<b>Plus \$ .04 per sq.ft. for all areas.....</b>	sq.ft	Fee \$
		<b>Total \$</b>

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS			
	Each	Count	Fee
Gas,oil, electric and coal furnaces and boilers			
One and two family - first 150,000 BTU.....	\$25.00		
Commercial - first 150,000 BTU.....	\$35.00		
All over 150,000 BTU	\$3/50,000 BTU		
Air Conditioning      One & Two Family.....	\$25.00		
Commercial.....	\$35.00		
All over 36,000 BTU.....	\$2/12,000 BTU		
Fireplace and Woodburning stoves.....	\$25.00		
Electric baseboard, wall unit and cabinet units.....	\$1.25/kw		
Duct work alteration.....	\$25.00		
Other.....			

**Minimum Permit Fee                      \$45.00 Each**

Reinspect Fee                              \$35.00 Each

Failure to Call for inspection              \$35.00 Each

**Total Fees                      \$** \_\_\_\_\_

**\*\*\*DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED\*\*\***

**CONDITIONS OF APPROVAL:** This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial and buildings, housings over two families shall have **State Approved** heating plans with this application. Residential shall include heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Please call 262-352-4433 for Inspections. Give atleast 24 hours notice.


The applicant agrees to comply with the Municipal Ordinances and with the conditions of the permit: understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, agency or Inspector; and certifies that all of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-363-2063. Give at least 24 hours notice on all inspections.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Permit Fee \$ _____	Ck # _____	<b>Permit Expires</b>	Name _____
<b>If you would like a copy of the permit, please send a stamped self addressed envelope.</b>	Date _____	<b>90 Days from date</b>	Date _____
	From _____	<b>unless otherwise</b>	Certification# _____
	Rec. By _____	<b>noted below</b>	

**NO REFUNDS ON PERMITS**